

Safeguarding Children (Level 1)

Non-clinical Staff Only



Please only complete this workbook if you have completed face to face training in the past three years. Please contact the safeguarding team if you have any issues completing this workbook.

Please ensure you read the workbook thoroughly before completing the online assessment

Learning Outcomes

After completing this Workbook you will be able to:

- Understand the importance of children's rights in the safeguarding / child protection context.
- Developed an awareness of risk factors.
- Understand what constitutes child maltreatment and how child maltreatment exists- including child trafficking and Female Genital Mutilation (FGM).
- Know the different types and range of child maltreatment.
- Know the potential signs of child maltreatment.
- Understand the potential impact of a parent/ carers physical and mental health on the wellbeing of a child or young person, including domestic violence and substance misuse.
- Understand the risks associated with the internet and social networking.
- Know where they can find local policies and procedures in relation to safeguarding children.
- Know how to raise safeguarding concerns.
- Know what actions to take if they experience any barriers in raising concerns or being able to refer a child / family.
- Understand commonly used terminology in relation to child and young person safeguarding, including Looked After Children.
- Demonstrate an ability to maintain child and young person focussed.
- Describe the importance of information sharing, how it can help and the dangers of not sharing information.

Introduction

Define a Child

Anyone that has not yet reached their 18th birthday is considered a child. This includes children who become pregnant. A child with a disability or a child that is under the care of the Local Authority (Looked After Child) can be considered to be a child until they are 21 years old. A child therefore means children and young people. There are also many children in Milton Keynes who do not live with their parents, but cared for by a family member or friend.

Think back to what you pictured in your mind when you first thought of the word child – this new information may challenge your perception. Children and young people can vary greatly in their physical development.

In your role you may never come across a child or young person but you may be in a position of working with adults that are parents – you may become aware of information that could impact on their ability to parent or that may impact on the safety of their children. In safeguarding these concerns are known as “child behind the adult” situations.

You may witness situations within the hospital involving patients, visitors or staff that raise concerns and you are responsible for acting on those concerns.

Safeguarding children is everyone's responsibility.



Local policy and Guidance

Milton Keynes University Hospital Foundation Trust has a Safeguarding Children and Young Person Policy. This provides a clear set of procedures to help the Trust to protect and promote the welfare of children. As a Trust we also have inter-agency procedures and guidance provided by the Local Safeguarding Children Board. These inter-agency procedures are for all agencies in Milton Keynes that work with children and their families. All policies are available via the hospital intranet including links to the inter-agency procedures. Milton Keynes Safeguarding Children Board also has a website which you can visit.



Milton Keynes Safeguarding Children Board oversee all of the children's service providers in Milton Keynes, every local authority has to have a Local Safeguarding Children Board by law.

Milton Keynes Safeguarding Children Board (MKSCB) has been set up as part of the Every Child Matters reforms, and requires all organisations that work with children to co-operate to keep children safe from harm. The MKSCB agrees how local services and professionals should work together to safeguard and promote the welfare of children.

The Law

The Children's Act 1989 provides all professionals working with children with a legislative framework which governs their practice.

It was reinforced in 2004 after the enquiry into the death of Victoria Climbié. This enquiry was led by Lord Laming and he has subsequently led the enquiry into the death of Peter Connolly (Baby P). This legal framework ensures that services have adequate provision to safeguard and protect children.

- It promotes the need for agencies to share information necessary to keep children safe.
- It promotes the fact that safeguarding children is everybody's business.
- It encourages health professionals to be aware of their responsibility to safeguard and promote the welfare of children. This is important even when the professionals do not work directly with a child, but may be seeing their parents, carer or another significant adult.
- It dictates that all health professionals and support staff who have contact with the general public should have access to safeguarding children training.

Safeguarding Children and Early Intervention

Early help is key in safeguarding children. By recognising and responding to known risk factors within a family we can help keep children safe. The Common Assessment Framework (CAF) is a tool that is used by professionals in partnership with a family to assess their needs, to look at what support they have in place and to highlight and help to fill in any gaps.

The activity of safeguarding children is about the following:-



- **Promoting** the welfare of children.
- **Protecting** children from maltreatment.
- **Preventing impairment** of a child's health or development.
- Ensuring children grow up with the provision of **safe and effective care**.

Child Protection

The activity of child protection is about the following:-

- Promoting the welfare of children
- A specific activity undertaken to protect a child or children who are suffering, or are at risk of suffering from significant harm.

We have a responsibility to share information with other agencies to help keep children safe. We should always try to ensure that families are kept informed of our concerns but we do not have to gain their consent to share information to keep children safe from maltreatment.

There have been a number of high profile child protection cases in the national media that you may be familiar with

- Victoria Climbiè.
- Peter Connolly (Baby P)
- Daniel Pelka
- Hamza Khan

These children all died as a result of abuse and neglect inflicted by their parents and carers – the people that were supposed to provide love and care.

Common themes shown throughout the enquiries into their deaths were that there was a lack of information sharing between agencies and a failure to keep children the main focus and not the adults.

We must remain child focussed. We must share information with other agencies in order to keep children safe. We must act on our concerns promptly

Risk Factors

It has been identified that there are some key risk factors that may make a child more vulnerable to maltreatment. These include, but are not limited to :-

- Domestic abuse - a child doesn't have to see or even hear domestic abuse to be affected by it. It can often begin or escalate during pregnancy. Affects same sex couples and can be female perpetrated.
- Drug and alcohol misuse.
- Parental mental health issues.
- High stress – low income families, poor housing, homeless families.
- Parental disability.
- Disabled children.
- Children under the age of 5 years – they do not have to access any services so can be isolated.
- Children under the age of 1 year – fully dependant on care givers, demanding!
- Children that are already in the “care system” Looked After Children.
- There are many more risk factors that you could consider.

Categories of Abuse

There are four categories of child abuse.

Emotional Physical Sexual Neglect



- Emotional abuse is a category of abuse in its own right but you will always have an element of emotional abuse to consider when a child has been maltreated under all of the other categories.
- Physical, emotional and sexual abuse are all active forms of abuse – When something is done to a child that shouldn't be. For example inflicting an injury or inducing or fabricating an illness to gain inappropriate medical attention.
- Female Genital Mutilation is defined as procedures to intentionally alter or cause injury to female genital organs for non-medical reasons. (WHO, 2008). This is illegal in the UK and is a form of abuse, with no medical or health benefit. It is mandatory to report on.
- Neglect can be considered a passive form of abuse – When something isn't done for a child that should be. For example not providing adequate supervision resulting in injury or death or allowing someone else to abuse a child. Children who regularly miss medical appointments should be considered under neglect.
- A child who has suffered from one or more of these categories of abuse or is at risk of suffering maltreatment may be made subject of a Child Protection Plan. Children's Social Care will monitor and assess the child regularly to ensure that they are protected. Failure to adhere to a Child Protection Plan may ultimately result in the child being removed from their family. All agencies will endeavour to work in partnership with each other and with families to keep children at home wherever possible.

Emotional Abuse

Some level of emotional abuse will be suffered by a child that has been maltreated under any of the other categories, it is however a category of abuse in its own right. It is a persistent abuse of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may include exposing a child to interactions that are beyond their capability or preventing them from having normal social interactions and being over protective so as to limit exploration and learning. It may involve seeing or hearing the ill treatment of another. It may involve serious bullying, including 'cyber-bullying' (Working Together 2015)

The internet has enabled children and young people to find out information for themselves which can be great for schoolwork and keeping in touch with friends, however it can be a dangerous place and as part of safeguarding we need to protect children from images and information which may cause them emotional harm. The NSPCC recommends the following 4 points on keeping children safe on the internet:

- explore the online world together
- talk to your child about staying safe online
- manage the software and tools your family use
- agree rules about what's ok and what's not

Signs of emotional abuse

- Distant or withdrawn behaviour
- Running away
- Aggression or violent behaviour

Physical Abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, and burning, scalding, drowning, suffocating and or otherwise causing physical harm to a child.

Physical harm may also be caused when a parent or carer fabricates the symptoms of or deliberately induces illness in a child.

(Working Together 2015)

Signs of physical abuse

- Unexplained bruises, fractures, burns, poisoning or other injuries
- Aggressive behaviour or withdrawn
- Shying away from certain individual

Sexual Abuse

Sexual abuse may involve a number of different features. It is not solely related to the rape of children but can include non-penetrative acts of abuse. It may also include non-contact activities such as involving children in looking at or in the production of sexual images, watching sexual activities, encouraging children to behave in a sexually inappropriate way and grooming a child in preparation for abuse (including via the internet).

Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

(Working Together 2015)

Child Sexual Exploitation is a form of child sexual abuse. It occurs when an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity a) in an exchange for something the victim needs or wants, and/or b) for financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child Sexual Exploitation does not always involve physical contact; it can occur through the use of technology. (DFE, 2017).

Signs of sexual abuse

- Changes in behaviour or dress
- Displays sexually inappropriate behaviour for age
- Fear of certain adults or reluctance to socialise with certain individuals
- Genital or anal soreness, sexually transmitted infections or pregnancy.
- Mental Health issues.

Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse.

Once a child is born, neglect may involve a parent or carer failing to:

- provide adequate food, clothing and shelter (including exclusion from home or abandonment)
- protect a child from physical and emotional harm or danger
- Ensure adequate supervision (including the use of inadequate care-givers); or ensure access to appropriate medical care or treatment.
- It may also include neglect of, or unresponsiveness to a child's basic emotional needs.

Signs of neglect

- Unkempt appearance
- Weight loss, undernourished
- Pale, lethargic
- Withdrawn or attention seeking behaviours
- Theft – food, clothes etc
- Missed appointments

What to do if you have concerns

It is important that you act on any concerns that you have in regard to the welfare of a child. You may be the only person that has witnessed something worrying and/ or it may be that the piece of information that you have may appear to be insignificant until it is added to information that other people have provided.

You must always speak to someone in a clinical role to ensure that your concerns can be documented. You can make contact with the MASH (Multi Agency Safeguarding Hub) in your own right. Once you have raised your concern with a clinician in your area and/or discussed it with the MASH you must make contact with the Named Nurse in the hospital to ensure that your concerns have been responded to appropriately. The Named Nurse can help you address any barriers that you met in raising your concern and will also be able to give you feedback on any outcomes.

Helpful Names and Contact details

The following are people with additional responsibility to safeguard children within Milton Keynes Hospital Foundation Trust:

Named Nurse –Judy Preston– Ext 85111 – Bleep 1101

Named Doctor – Keya Ali – Ext 86507– Bleep 1406

Named Midwife – Mary Plummer – Ext 86581– Bleep 1128

Midwife for safeguarding and Vulnerable Families – Lisa Eagles Tel: 07817472090

Safeguarding Children Specialist Nurse– Kat Palmacci- Ext 85110

Milton Keynes Multi Agency Safeguarding Hub (MASH)

Tel: (01908) 253169 / 253170 (office hours)

Tel: (01908) 265545 (Emergency duty team after 5pm and weekends)

Or Thames Valley Police Enquiry Centre: Tel: 0845 8505505

Milton Keynes Safeguarding Children Board: www.mkscb.org.uk

Please access the hospital intranet to read policies and current legislation

Remember – safeguarding children is everybody’s business